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FACSIMILE COVER SHEET

TO:	Examiner C. Lee U. S. Patent & Trademark Office Group Art Unit 2622		
FROM:	Andrew D. Mickelsen, Reg. No. 50,957		
RE:	U.S. Application No. 09/694,502 Atty. Docket No.: 03500.014889		
FAX NO.:	(703) 872-9314		
DATE:	August 30, 2002	NO. OF PAGES:	15 <small>(including cover page)</small>
TIME:	12:50pm	SENT BY:	ADM

MESSAGE**Attachments:**

- 1) Preliminary Amendment Transmittal
- 2) Preliminary Amendment

Certificate of Transmission

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In re Application of:

KAZUMI KIMURA

Application No.: 09/694,502

Filed: October 24, 2000

For: SCANNING OPTICAL APPARATUS
AND COLOR IMAGE FORMING
APPARATUS USING THE SAME

Docket No.

03500.014889

Examiner: C. Lee

Group Art Unit: 2622

Date: August 30, 2002

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Commissioner for Patents
Washington, D.C. 20231

Sir:

Transmitted herewith is a Preliminary Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 15	MINUS	** 20	= 0	x \$9 \$18	\$ 0
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$42 \$84	\$ 0
Fee for Multiple Dependent claims \$140°/\$280						\$ 0
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT--						\$ 0

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

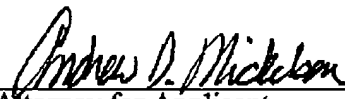
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☐ "Verified Statement claiming small entity status is enclosed, if not filed previously.☐ A check in the amount of \$____ is enclosed.

- ☐ Charge \$____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$____ to cover the fee for a ____-month extension is enclosed.
- ☐ A check in the amount of \$____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant
Registration No. 50,957

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